** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning APR 1, 2016 and ending MAR 31,

Open to Public Inspection

B c	heck if	C Name of organization	D Employer identific	cation number				
¥	Addres change	CENTER FOR INDIVIDUAL RIGHTS						
	_cnange _Name _change		─ **_*	****				
	⊓Initial	9	ito. F. Talambana munaba					
	_return □Final	Number and street (or P.O. box if mail is not delivered to street address) 1100 CONNECTICUT AVENUE, NW 625		833-8400				
	⊒return/ termin-	·	G Gross receipts \$	1,523,145.				
	ated ∏Aṃend	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036						
	⊒return ∏Applica	·	H(a) Is this a group re for subordinates					
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in					
	27 070			list. (see instructions)				
		SEI D WWW.CIR-USA.ORG	H(c) Group exemptio	· ·				
		,		State of legal domicile: DC				
		Summary	al oriormation,	Totato or logal dominolo; = 0				
		Briefly describe the organization's mission or most significant activities: PUBLIC LA	AW FIRM THAT	REPRESENTS				
Activities & Governance]	DESERVING INDIVIDUALS WHOSE INDIVIDUAL RIGHTS	S HAVE BEEN V	IOLATED IN				
ern		Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	l i	ssets.				
<u>3</u> 0		Number of voting members of the governing body (Part VI, line 1a)						
ø		Number of independent voting members of the governing body (Part VI, line 1b)		6				
ies		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		<u>5</u> 0				
ΞΞ		Total number of volunteers (estimate if necessary)						
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		<u> </u>				
	1 d	Net unrelated business taxable income from Form 990-T, line 34						
			Prior Year 2,191,667.	Current Year 1,235,195.				
ne		Contributions and grants (Part VIII, line 1h)	2,191,007.	1,233,193.				
Revenue		Program service revenue (Part VIII, line 2g)	1,744.	1,832.				
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	86,959.	286,118.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,280,370.	1,523,145.				
		Forth and similar amounts poid (Part IX, solumn (A), line 12)	0.	1,323,143.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
"			812,166.	843,868.				
Se	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	h T	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 68,234.						
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,326,937.	638,530.				
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,139,103.	1,482,398.				
		Revenue less expenses. Subtract line 18 from line 12	141,267.	40,747.				
or			Beginning of Current Year	End of Year				
ets	20 7	otal assets (Part X, line 16)	3,936,622.	4,160,289.				
ASS d Ba	21	otal liabilities (Part X, line 26)	106,195.	289,115.				
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20	3,830,427.	3,871,174.				
Pa	rt II	Signature Block						
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	y knowledge and belief, it is				
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.					
Sign	ו	Signature of officer	Date					
Here TERENCE PELL, ESQ., PRESIDENT								
		Type or print name and title	I Doto	T DTIN				
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid	-	DANIEL L. WEAVER DANIEL L. WEAVER	10/11/17 if self-employed	P01249346				
		Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.C.	• Firm's EIN ▶					
Use	Use Only Firm's address 7910 WOODMONT AVE. STE. 500							
		BETHESDA, MD 20814	Phone no. (3					
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission: PUBLIC INTEREST LAW FIRM PROVIDING REPRESENTATION ON ISSUES OF	
	SIGNIFICANT PUBLIC INTEREST.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule O.)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,324,133 • including grants of \$) (Revenue \$)
	CIR IS A NON-PROFIT, PUBLIC INTEREST LAW FIRM THAT REPRESENTS DESERVING	•
	INDIVIDUALS WHOSE INDIVIDUAL RIGHTS HAVE BEEN VIOLATED. CIR ORDINARILY	
	HAS PENDING APPROXIMATELY 8-10 CASES THAT RAISE FEDERAL OR STATE	
	QUESTIONS OF FIRST IMPRESSION. CIR SPECIALIZES IN CASES INVOLVING FREE	_
	SPEECH, RACE DISCRIMINATION, CONGRESSIONAL AUTHORITY (FEDERALISM) AND	_
	DUE PROCESS. DURING THE FYE MARCH 31, 2017, CIR HAD ONE CASE AT THE	_
	SUPREME COURT, ONE CASE BEFORE THE US COURTS OF APPEALS, FIVE CASES	_
	BEFORE THE FEDERAL DISTRICT COURTS, AND ONE CASE BEFORE A STATE COURT	_
	OF APPEALS.	_
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4b	(Code:) (Expenses \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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		_
		_
4d	Other program services (Describe in Schedule O.)	_
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,324,133.	_
	Form 990 (201	6)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441-		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-22
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13		19		Х
	complete Schedule G, Part III	19		

Form **990** (2016)

Form 990 (2016) CENTER FOR INDIVID Part IV Checklist of Required Schedules (continued)

20a bt the organization operate one or more hospital facilities? If "Yes," complete Schedule II and the CRA did the organization articles are copy of its audited francial statements to this return? 20b II bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), in et al. "If "Yes," complete Schedule I, Parts I and II 21 IX Did the organization arrower "Yes" to Part IV, Section A, Ins 3, 4, or \$ about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the last day of the year, that was issued after December \$1,2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "Not," you to line 25a Schedule K. If "Not," you to line 25a Did the organization invalves are secured broad beyond a temporary period exception? 42d Did the organization invalves are proceeded of tax-exempt bonds beyond a temporary period exception? 42d Did the organization invalves are proceeded of tax-exempt bonds beyond a temporary period exception? 42d Did the organization invalves are proceeded of tax-exempt bonds beyond a temporary period exception? 42d Did the organization invalves are proceeded of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization invalves are proceeded of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 42d Did the organization and as an on behalf of issuer for bonds outstanding at any time during t				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 18	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Parts I and II Parts I (X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Parts I and III Parts I (X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Parts I (X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Parts I (X, column (A), line 2? If "Yes," complete Schedule I, Parts I (X, column (A), line 2? If "Yes," to complete Schedule I, Parts I (X, column (A), line 2? If "Yes," the X is severed to compensation of the organization's current and former officers, director, studies, expenditure of the sart day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "Two," yo to the 23a Parts I (X, column (A), line 2 as Parts I (X,	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 X 24 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part X, column (A), line 2? If "Yes," complete Schedule I, Parts I and if yes and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Schedule I, the year, that was susued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, and the last day of the year, that was susued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a Yes, answer lines 24b through 24	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "yes" to Part IVI, section A), line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule J. Comparization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002* If "Yes," anower lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I as the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II as the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II as a constitution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II as a Carrell of the organization provide a part or other assistance to an officer, director, furstee, key employee, substantial contributions for applicable filing thresholds, conditions, and exceptions a A current or former officer, director, furstee, or key employee? If "Yes," complete Schedule L, Part IV 25b A transity of which a current or former officer, director, furstee, or key employee? If "Yes," complete Schedule L, Part IV 26c A nentity	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", yo to line 25a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(69), 501(61)4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction what are excess benefit transaction with a disqualified person in a prior year, and that the transaction who are excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction what has a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction that the transaction with a disqualified person in a prior year, and that the transaction tran		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 27c d Did the organization act as an 1 on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 28b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person on a prior year, and that the transaction with a disqualified person on a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25c Did the organization provide a grant or other assistance to an officer, director, trustee, very employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c X 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d A A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A A current or former officer, director, trustee, or key employee	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," answer lines 24 th through 24d and complete Schedule K. If "No", or to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, tustees, key employees, lighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant as election committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions? 28 A current of former officer, director, trustee, or key employee If If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization account and that it engaged in an excess benefit transaction with a disqualfied person in a prior year, and that the transaction has not been reported on any of the organization in prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part II		Schedule J	23	Х	
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? C Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax exempt bonds? Did bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did bit the organization avairation that a disqualified person during the year? If "Yes," complete Schedule L, Part I proceeds that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I proceeds and that the transaction has not been reported on any of the organization sprior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II proceeds and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that it with the meaning of persons in the	24a				
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in onn-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partners					
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.			28b		X
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Note. All Form 990 filers are required to complete Schedule O			37		<u>X</u>
	38			77	
		Note. All Form 990 filers are required to complete Schedule O			(00:1:-

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	С			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	•	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За				За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a self-action of the property for which it was a self-action of the property for the property for the property for which it was a self-action of the property for the propert	vas rec	juired			
	to file Form 8282?	·	 I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	/	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		/ -	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e N/A			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		37 / 3			
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	مدا	I			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	144-	I			
		11a				
Ŋ	Gross income from other sources (Do not net amounts due or paid to other sources against	146				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	: 	iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_1ZU	<u>I</u>			
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		/	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b	l			
C	Enter the amount of reserves on hand	13c		1		
	Did the consideration was in a superstant for independent and an independent of the superstant of the		I.	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
~					990	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	_		
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		37
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		- 25
8		0.0	Х	
_	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	-21	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
000	tion D. Follows (This occitor B requests information about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, H.			<u>, KY</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TERENCE PELL, ESQ 202-833-8400			
	1100 CONNECTICUT AVENUE, NW #625, WASHINGTON, DC 20036			
632006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) JEREMY RABKIN	1.00	X		x				0.	0.	0	
CHAIRMAN / DIRECTOR (2) ROBERT P. GEORGE	1.00	^		^				0.	0.	0	
DIRECTOR	1.00	$ _{\mathbf{x}}$						0.	0.	0	
(3) JAMES MANN, ESQ.	1.00	122						0.	0.	0	
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0	
(4) JAMES PIERESON	1.00										
DIRECTOR		Х						0.	0.	0	
(5) ARTHUR S. PENN, ESQ.	1.00	1							_		
DIRECTOR		Х						0.	0.	0	
(6) MARK VENEZIA	1.00	۱							0	•	
DIRECTOR	1 00	Х						0.	0.	0	
(7) GERALD WALPIN, ESQ.	1.00	X						0.	0.	0	
DIRECTOR (8) TERENCE PELL, ESQ.	50.00	^						0.	0.	U	
PRESIDENT / DIRECTOR	30.00	$ \mathbf{x} $		х				210,000.	0.	66,918	
(9) MICHAEL ROSMAN	50.00	+						210,000		00,310	
SECRETARY/GENERAL COUNSEL				Х				192,937.	0.	48,366	
		_									
		-									
		-									
		-									
		1								Form 990 (201	

Section A. Onicers, Directors, Trus	tees, key Em	pioy	ees,	, all	u ni	gne	יי	ompensated Employe	es (continueu)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Pos		than o	ne	Reportable	Reportable		Es	timate	∍d
	hours per	box	, unles	ss pe	rson	is both	n an	compensation	compensation	1	am	ount	of
	week	\vdash	cer an	uau	recio	or/trus	.ee)	from	from related			other	
	(list any	recto						the	organizations			oensa 	
	hours for related	or di	8			ated		organization	(W-2/1099-MIS	C)		om th	
	organizations	ustee	truste		ao	suadi		(W-2/1099-MISC)			•	anizat	
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						l relat nizati	
	line)	divid	stitut	Officer	yem	ghes nploy	Former				orga	ııızatı	0115
	,	드	드	Ō	જ	표능	교			\dashv			
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								400 000		\rightarrow	44		0.4
1b Sub-total								402,937.		0.	<u> </u>	5, ∠	84.
c Total from continuation sheets to Part VI	I, Section A					l	>	0.		0.	44	- ~	0.
d Total (add lines 1b and 1c)								402,937.		0.	_11:	5,2	84.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable)			_
compensation from the organization											—		2
										r	\rightarrow	Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							-	•				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jt	for such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of comp	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	thir	n the organization's tax	year.				
(A)								(B)			(C		
Name and business	address							Description of s		C	omper	nsatio	n
JONES DAY								PROGRAMMATIC	LEGAL				
51 LOUISIANA AVE NW, WASH	HINGTON	, I	DC_	20	000	01	i	SUPPORT			11	6,8	18.
							7						
													_

Form **990** (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Check if Schedule Contains a response or note to any line in this Part VIII (A) (A) (B) (A) (B) (A) (C) (A) (B) (A) (B) (B) (B) (B) (B	Ра	rt VI		to a to the Double			
## a Foderated campaigns by Mombeship Ques c Fundraising events d Related organizations f All offer contributions, gits, grants, and f Related organizations f All offer contributions, gits, grants, and f Related organizations f Related organizati			Check if Schedule O contains a response or note to any I	(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Business Code 2 a	ts ts	1 a	Federated campaigns 1a				3.2 3.1
Business Code 2 a	iran oun						
Business Code 2 a	s, G						
Business Code 2 a	ar /						
Business Code 2 a	ini,						
Business Code 2 a	tion S	f	All other contributions, gifts, grants, and				
Business Code 2 a	ibul		similar amounts not included above 1f 1,235,195				
Business Code 2 a	d O	g	Noncash contributions included in lines 1a-1f: \$				
Business Code 2 a	<u>ටු ළ</u>	h	Total. Add lines 1a-1f	1,235,195.			
Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 11a-11d			Business Cod	е			
Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 11a-11d	<u>ce</u>	2 a					
Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 11a-11d	er.	b					
Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 11a-11d	n S Jen	c					
Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 11a-11d	ar Rev	C					
Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 2a-2f Total Add lines 11a-11d	roc						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	т.						
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 36, 118. b Less: rental expenses 0. c Rental income or (loss) 36, 118. d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 5 Gross income from fundraising events (not including \$ Gross income from fundraising events \$ Gross income from gaming activities. See Part IV, line 19	_						
A Income from investment of tax-exempt bond proceeds Boyalties		3		1 832			1 832
Securities		4		1,052.			1,052.
10 Real							
Securities Sec		3					
b Less: rental expenses		6 -	Gross rents 36 - 118 -	-			
The state of the s							
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ATTORNEY FEES INCOME 900099 250,000.			26 110				
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ATTORNEY FEES INCOME b c d All other revenue e Total. Add lines 11a-11d	the c	b					
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b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ATTORNEY FEES INCOME 900099 250,000 250,000 5 5 0 000 6 6 6 6 6 6 6 6 6 6 6 6 6		9 a	Gross income from gaming activities. See				
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11 a ATTORNEY FEES INCOME 900099 250,000. 250,000. b c		С					
b c d All other revenue e Total. Add lines 11a-11d > 250,000.					250 000		
c d All other revenue e Total. Add lines 11a-11d ▶ 250,000 ⋅				250,000.	450,000.		
d All other revenue e Total. Add lines 11a-11d ▶ 250,000.							
e Total. Add lines 11a-11d 250,000.							
				250.000.			
						0.	37,950.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) orga	nizations must complete all c	columns. All other organizations n	nust complete column (A).

Dο	Check if Schedule O contains a respons	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	540 450	400 045	24 444	40 745
	trustees, and key employees	513,173.	438,015.	34,411.	40,747
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	229,342.	223,745.	4,864.	733
8	Pension plan accruals and contributions (include	00.000	00.105		
	section 401(k) and 403(b) employer contributions)	28,803.	28,100.	611.	92
9	Other employee benefits	33,925.	33,098.	719.	108
10	Payroll taxes	38,625.	37,683.	819.	123
11	Fees for services (non-employees):				
а	Management				
b	Legal	171,353.	171,353.		
С	Accounting	22,904.		22,904.	
	Lobbying				
е	D (' 1(1 ' ' ' O D ' ' ' ' ' 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	107,677.	102,629.	2,728.	2,320
12	Advertising and promotion				
13	Office expenses	38,617.	32,000.	4,858.	1,759
14	Information technology				
15	Royalties				
16	Occupancy	227,548.	205,106.	11,170.	11,272
17	Travel	14,129.	12,590.	1,539.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,955.	6,269.	341.	345
23	Insurance	22,367.	20,161.	1,098.	1,108
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	15,356.	5,729.		9,627
b	RESEARCH	7,655.	7,655.		· · · · · ·
c	MISCELLANEOUS	3,969.	-	3,969.	
d		,		,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,482,398.	1,324,133.	90,031.	68,234
26	Joint costs. Complete this line only if the organization	, :-,	, ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			424,202.	1	641,460.
	2	Savings and temporary cash investments			3,439,646.	2	3,448,135.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	5			34,236.	9	20,818.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	242,541.			
	b	Less: accumulated depreciation		213,879.	14,454.	10c	28,662.
	11	Investments - publicly traded securities			1,014.	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	23,070.	15	21,214.		
	16	Total assets. Add lines 1 through 15 (must equ			3,936,622.	16	4,160,289.
	17	Accounts payable and accrued expenses	72,039.	17	234,426.		
	18	Grants payable				18	
	19	Deferred revenue			5,247.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			28,909.	25	54,689. 289,115.
	26	Total liabilities. Add lines 17 through 25			106,195.	26	289,115.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			3,759,492.	27	3,700,293.
Fund Balances	28	Temporarily restricted net assets		·····	70,935.	28	170,881.
<u> </u>	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶Ш			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2 022 12=	32	2 051 15:
2	33	Total net assets or fund balances			3,830,427.	33	3,871,174.
	34	Total liabilities and net assets/fund balances			3,936,622.	34	4,160,289.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,48		
3	Revenue less expenses. Subtract line 2 from line 1	3			0,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,83	0,4	27.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,87	1,1	74.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number **_***

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:		. ,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3				ilege of difficulty owner	а ог орста	ica by a g	overnmental and desent)CG 1
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
6	X							
7	21							
_		section 170(b)(1)(A)(vi). (Complete Part II.)						
8	\vdash	A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	esses acqu	iired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus			·			•
С		☐ Type III functionally inte			in connec	tion with, a	and functionally integrat	ed with.
		its supported organization					•	,
d		Type III non-functionally		•				zation(s)
_		that is not functionally int						
		requirement (see instruct	-	•	•		-	
е		Check this box if the orga	•	-				
Ī		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	
f	Fnte	er the number of supported o	* *	,				
а		vide the following information						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
	_							
Tota	ıl							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1422399.	2146322.	2527895.	2191667.	1235195.	9523478.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1422399.	2146322.	2527895.	2191667.	1235195.	9523478.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3650669.
6	Public support. Subtract line 5 from line 4.						5872809.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 1235195.	(f) Total
7	Amounts from line 4	1422399.	2146322.	2527895.	2191667.	1235195.	9523478.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	59,398.	59,966.	61,979.	63,683.	37,950.	282,976.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	20		000			0.50
	assets (Explain in Part VI.)	30.		200.	20.		250.
11	Total support. Add lines 7 through 10						9806704.
12	Gross receipts from related activities,	•	,			12	275,000.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ		rcentage				P
	Public support percentage for 2016 (<u> </u>	column (f))		14	59.89 %
	Public support percentage from 2015					15	64.12 %
	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u>~</u>	check this box and stop here						<u></u>
	ction C. Computation of Publ					11	
	Public support percentage for 2016 (I					15	<u>%</u>
	Public support percentage from 2015 ction D. Computation of Inves					16	%
	•					17	
17	·					 	<u>%</u>
18	Investment income percentage from 2					18 33 1/30/ and line :	% 17 is not
198	a 33 1/3% support tests - 2016. If the	-					
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly sup	oorted organization	▶∐
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check t	his hox and see ir	estructions	

_**

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
Зс		
4a		
4b		
40		
40		
4c		
5a		
5b		
5c		
_		
6		
_		
7		
8		
9a		
3a		
9b		
90		
9с		
30		
10a		
iva		
10b		
990 or 90)n_E7	2016

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	N.
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
	of its supported organizations? If "Yes " describe in Part VI , the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

_**	Page 7
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ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
O 4:	an E. Distribution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

_**

(CENTER FOR INDIVIDUAL RIGHTS	**_****
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amout EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ f cruelty to children or animals. Complete Parts I, II, and III.	, ,
year, contribution is checked, enter purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule R (I	Form 900, 900 E7, or 900 DE)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

Name of organization

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number

-****

Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CENTER FOR INDIVIDUAL RIGHTS

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Part II	Noncash Property (See instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		 \$	990, 990-EZ, or 990-PF) (20

wanie oi orga			Employer Identification number
Part III	the year from any one contributor. Complete	tributions to organizations described in se columns (a) through (e) and the following I	* * _ * * * * * * * ction 501(c)(7), (8), or (10) that total more than \$1,000 for ine entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition		or the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>.</u>	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			T
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number

Pa	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
. u	organization answered "Yes" on Form 990, Part IV, line		o or Accountation piete if the
	organization answered Tes Off offi 550,1 are 17, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) Derier da riesa ramas	(a) rando ana omo decomo
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	•	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Pa			
		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ec		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X		

632051 08-29-16

Schedule D (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simila	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t are a sig	ınificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit o							_	_	
_	to be sold to raise funds rather than to be ma								Yes	<u></u> No_
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	•	ete if the	organizatio	on answered "	'Yes" on F	orm 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (escrow or c	ustodial acco	unt liabilit	y?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ars back	(e) Four ye	ears back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	red for the	e organiza	ation	- I	
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations									
	If "Yes" on line 3a(ii), are the related organiza				· · · · · · · · · · · · · · · · · · ·				3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.						
I G	Complete if the organization answered) Part I\	/ line 11a 9	Saa Form 000	Dart Y li	ine 10			
	Description of property	(a) Cost or o			t or other		cumulated	,	(d) Book v	voluo.
	Description of property	basis (investr			(other)	٠,	reciation	<u> </u>	(u) book v	raiue
	Land									
	Buildings						04 = 0			-0.4.5
	Leasehold improvements			3	5,752.		24,50	6.	11	,246.
	Equipment				C 700		00 07	<u> </u>		11.5
	Other				6,789.	1	89,37	3.		,416.
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)				28	<u>,662.</u>

Schedule D (Form 990) 2016

	nvestments - Other Securities.			
	Complete if the organization answered "Yes"			
	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
	derivatives			
	eld equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	nvestments - Program Related.			
(Complete if the organization answered "Yes"	on Form 990, Part IV, I		
	(a) Description of investment	(b) Book value	(c) Method of valuation: 0	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.		•	
(Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d. See Form 990, Part X, line	e 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		>
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Par	t X, line 25.
1.	(a) Description of liability	<u> </u>	(b) Book value	·
	ral income taxes			
	ERRED RENT		54,689.	
(3)			•	
(4)				
(5)				
(6)				
(7)				
(8)		+		
(9)	a (b) assist a supl Farms 2000 Dail V and (D) "	- 05)	54,689.	
	n (b) must equal Form 990, Part X, col. (B) line			
	or uncertain tax positions. In Part XIII, provide on's liability for uncertain tax positions under			

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Schedule D (Form 990) 2016

1	Complete if the organization answered "Yes" on Form 990, Part IV Total revenue, gains, and other support per audited financial statements		1	1,523,145
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_,,
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1			1,523,145
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	•	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,523,145
Par	t XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part IV	line 12a.	-	
1	Total expenses and losses per audited financial statements		1	1,482,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	-	2e	0
3	Subtract line 2e from line 1			1,482,398
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,482,398
Par	t XIII Supplemental Information.	•		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			X, line 2; Part XI,
	RT X, LINE 2:			
LAI	AT A, DINE Z.			
CTE	R IS A TAX-EXEMPT CHARITABLE ORGANIZAT	TON UNDER SEC	TTON 501(C)(3) OF THE
<u> </u>	TO IT I'M DADRIT CHRITINDED ORGINIZATION	TON CHEEN BEC	1101 301(0	/(3/ OI IIII
דאיז	ERNAL REVENUE CODE.			
CIF	R FOLLOWS THE FINANCIAL ACCOUNTING STA	ANDARDS BOARD	ACCOUNTING	STANDARDS
COI	DIFICATION (FASB ASC), WHICH PROVIDES	GUIDANCE ON A	CCOUNTING	FOR
UNC	CERTAINTY IN INCOME TAXES RECOGNIZED	N CIR'S FINAN	CIAL STATE	MENTS. AS
OF	MARCH 31, 2017 AND 2016, CIR HAD NO U	JNRECOGNIZED T	AX BENEFIT	S RELATED
	UNCERTAIN TAX POSITIONS IN ITS TAX RE	ייים אל מוזיים אל אייים אל הייים אל ה הייים אל הייים אל ה	TD OHATTEV	EOD ETTED
TO	ONCENTATIO TAX TODITIONS IN TIS TAX NI	SIORN THAT WOO	TD QUALIFI	FOR EITHER

AFTER IT WAS FILED.

CIR'S IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR THREE YEARS

Schedule D (Form 990) 2016	CENTER FOR	INDIVIDUAL	RIGHTS	**_****	Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Infor	mation (continued)				
Сарріонісніці ніго	That of (continued)				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number **_***

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

_*

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) TERENCE PELL, ESQ. (i	210,000.	0.	0.	26,300.	40,618.	276,918.	0.
PRESIDENT / DIRECTOR (iii	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROSMAN (i	192,937.		0.	20,788.	27,578.	241,303.	0.
SECRETARY/GENERAL COUNSEL (ii		0.	0.	0.	0.	0.	0.
(i)						
(ii)						
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number **_****

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CASES THAT RAISE CONSTITUTIONAL ISSUES OF FIRST IMPRESSION.

FORM 990, PART VI, SECTION B, LINE 11B:

CIR'S FULL AUDIT COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

COPY OF CIR'S CONFLICT OF INTEREST POLICY IS GIVEN TO ALL BOARD MEMBERS, STAFF MEMBERS, AND OTHER KEY STAKEHOLDERS UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH CIR OR AT THE OFFICIAL ADOPTION OF STATED POLICY. EACH BOARD MEMBER, OFFICER, AND STAFF MEMBER SHALL SIGN AND DATE THE POLICY AT THE BEGINNING OF HER/HIS TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPOINT A COMPENSATION COMMITTEE WHICH DETERMINES COMPENSATION OF THE PRESIDENT BASED ON A REVIEW OF COMPARABLE DATA AND PERFORMANCE AND REPORTS BACK ITS DECISION WITH CONTEMPORANEOUS DOCUMENTATION OF ITS DELIBERATION TO THE FULL BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,NV

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16